

Emergency Services Experience

Have you ever been a member of an Emergency Services Organization? () Yes () No

If yes please provide the following information

Name and Address of Organization: _____

Position(s) Held (Including the years in each position): _____

Name of Chief: _____ Phone: _____ or Email: _____

Employment

Please list past and present employers, starting with the most recent.

Company: _____ Years employed: _____

Position: _____

Address: _____

Phone: _____

Type of business: _____

Company: _____ Years employed: _____

Position: _____

Address: _____

Phone: _____

Type of business: _____

Company: _____ Years employed: _____

Position: _____

Address: _____

Phone: _____

Type of business: _____

Personal References
(not former employers or relatives)

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Statement of Understandings and Authorizations

I hereby apply for membership in the Franklin Park Volunteer Fire Company No. 1 (hereinafter known as the Company) and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating guidelines, and the conduct expected of company members. I authorize the Company to investigate the statements made in this application and I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this application may result in denial of membership or expulsion from the Company. I hereby authorize the following parties to release any and all information concerning me to the Officers of the Company and/or their agent:

1. Bureau of Motor Vehicles of the Commonwealth of Pennsylvania, or any other state driver's license authority
2. Any Law Enforcement Agency
3. Any emergency services agency of which I was ever a member
4. Any employer, past or present

Signature of Applicant: _____ Date : _____

Printed Name of Applicant: _____ Social Security Number: _____

Recommended by: (An applicant must be recommended by 2 members in Good Standing for the Application to be read and voted on at a business meeting)

Member 1: _____ Member 2: _____

EQUAL OPPORTUNITY

The Franklin Park Volunteer Fire Company is an equal opportunity organization. Members should be able to enjoy an environment free from all forms of unlawful membership discrimination. All decisions regarding recruiting, promotion, assignment, training, termination, and other terms and conditions of membership will be made without unlawful discrimination on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity or expression, religion, age, pregnancy, disability, work-related injury, covered veteran status, political ideology, genetic information, marital status, or any other factor that the law protects from membership discrimination. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. Additionally, Franklin Park Volunteer Fire Company prohibits unlawful harassment of its employees, applicants, or independent contractors in any form. No member will suffer retaliation for reporting, in good faith, any violation of Company policy or unlawful discrimination, harassment, or retaliation.

For Fire Company Use Only

***** **Membership Committee Processing Record** *****

Date that application was received: _____

Date of Interview: _____

Date that criminal record check was completed: _____

Date that driver's license check was completed: _____

Recommended for membership, by Membership Committee: YES/ NO, If YES,

Date of membership vote and results: _____